

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: _____		2 Serial/Patent # <u>10/517913</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
		6 AMOUNT								
		<input checked="" type="checkbox"/> Filing	\$ <u>100</u>							
		<input type="checkbox"/> Amendment	\$							
		<input type="checkbox"/> Extension of Time	\$							
		<input type="checkbox"/> Notice of Appeal/Appeal	\$							
		<input type="checkbox"/> Petition	\$							
		<input type="checkbox"/> Issue	\$							
		<input type="checkbox"/> Cert of Correction/Terminal Disc	\$							
		<input type="checkbox"/> Maintenance	\$							
<input type="checkbox"/> Assignment	\$									
<input type="checkbox"/> Other	\$									
		7 TOTAL AMOUNT OF REFUND								
		\$ <u>100</u>								
10 REASON:		8 TO BE REFUNDED BY:								
<input checked="" type="checkbox"/> Overpayment		<input type="checkbox"/> Treasury Check								
<input type="checkbox"/> Duplicate Payment		<input checked="" type="checkbox"/> Credit Deposit A/c #:								
<input type="checkbox"/> No Fee Due (Explanation) _____		9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>1</td><td>4</td><td>--</td><td>1</td><td>2</td><td>7</td><td>0</td> </tr> </table>		1	4	--	1	2	7	0
1	4	--	1	2	7	0				
REFUND COMPLETED PCT NATIONAL DIVISION										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>JAMALA Holland</u>		TITLE: <u>Paralegal</u>								
SIGNATURE: <u>J. Holland</u>		PHONE: <u>703-308-9140</u>								
OFFICE: <u>PCT</u>		<u>X209</u>								
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: _____		DATE: _____								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: